

Memorial Request

Office use only

Date: _____

Amount given:

| | |
|---------|--|
| Cash | |
| Check # | |
| Items | |

In Memory of:

We mail a letter to family letting them know of the donation. Receiving Family Name & Address

Donated

by: _____

—

Specific Item(s) Requested :

OR

Librarian's Choice

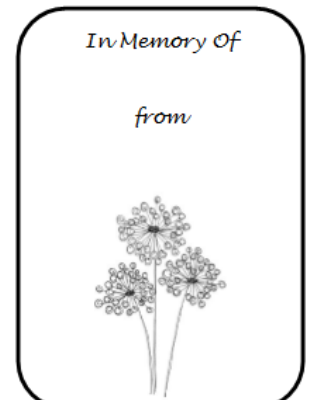
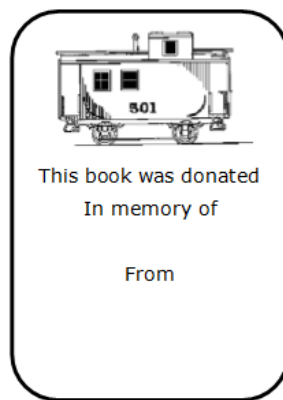
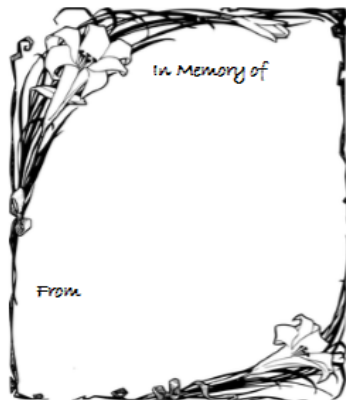
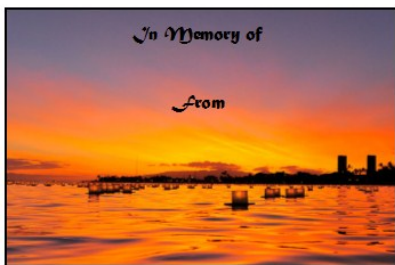
OR

Mark preferences below

| |
|-------------|
| Adult |
| Young Adult |
| Children |

| | | |
|---------------|-----------------|-----------------|
| Romance | Fantasy | Western |
| Inspirational | Science Fiction | Non-fiction |
| Mystery | General Fiction | (Subject—_____) |

Pick a memorial book plate.



If picking a black and white plate, would you like it on colored paper? If so, what color?
